

# SHERIDAN COUNTY APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER  
Auxillary Aids and Services are Available Upon  
Request to Individuals With Disabilities

The information contained on this form is sought in Good faith. It will not be used in anyway to discriminate Against any applicant for employment in violation of State or Federal law.

## INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 14 of page 5 of this form may be used to continue or explain answers or provide other information Relative to your qualifications or availability.

**INCOMPLETE or UNSIGNED applications will not be considered.**

1. Name: \_\_\_\_\_  
Last
First
MI

2. Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Phone No: \_\_\_\_\_  
Work
Home

4. This section must be completed for each position you apply for.

Job Title \_\_\_\_\_

Job Location \_\_\_\_\_

Date you are available for work \_\_\_\_\_

5. If required for this position:

	Yes	No
Do you have:		
a. Valid driver's license?	_____	_____
Commercial driver's license?	_____	_____
If commercial, specify:	Type _____	Class _____
Hazardous material _____	Tank _____	Airbrakes _____
b. Are you willing to travel overnight?	Yes _____	No _____

Are you willing to accept: \_\_\_ Full-time \_\_\_ Part-time (less than 40 hrs/wk)

\_\_\_ Temporary \_\_\_ Seasonal \_\_\_ On Call

\_\_\_ Day Shift \_\_\_ Other than day shift \_\_\_ Rotating Shifts

This employer is committed to make reasonable accommodations to any known disability that may interfere with an applicant's ability to compete in the application and interview process. If you would like us to consider any such accommodation, please on a separate sheet of paper attach a description of the desired accommodation.

This public employer complies with the Veteran's and Handicapped person's Employment Preference Act which provides preference in public employment for certain military veterans and handicapped persons or their eligible spouses. Contact your local Vocational Rehabilitation Services Office (Dept. of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. For more information contact your local Job Service Office. **IF YOU ARE CLAIMING THIS EMPLOYMENT PREFERENCE, YOU MUST COMPLETE PAGE 6 OF THIS APPLICATION.**

6. EDUCATION

A. HIGH SCHOOL

Received:

Diploma of Equivalent Certification  
 None – If “None”, enter the highest grade completed \_\_\_\_

b. NAME/ADDRESS OF HIGH SCHOOL AWARDING DIPLOMA OR EQUIVALENCY CERTIFICATE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. COLLEGE or UNIVERSITY LOCATION	DATE ATTENDED	CREDIT HRS EARNED QTRS/ SEMS	DEGREES RECEIVED	DATE OF DEGREE	MAJOR FIELD	MINOR FIELD

8. Other School or Training Courses which help you qualify NAME, LOCATION	DATE ATTENDED	DID YOU COMPLETE	TITLE/DESCRIPTION OF COURSE	TOTAL HOURS

9. LIST PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (CPA, etc.)

A. Name and Complete Address of Licensing Agency	B. Type of License	C. Endorsement/restriction (if Applicable)	D. Date Licensed

10. If applying for skilled craft jobs, are you a recognized Journey Level Worker?  YES  NO  
 If “yes”, what craft or trade? \_\_\_\_\_ When received? \_\_\_\_\_

11. SPECIAL SKILLS – Check the skill you possess Specify speed/errors where requested

TYPING \_\_\_\_\_ / \_\_\_\_\_       DATA ENTRY \_\_\_\_\_ / \_\_\_\_\_       MEDICAL TERMINOLOGY  
 SHORTHAND \_\_\_\_\_ / \_\_\_\_\_       TEN-KEY BY TOUCH       LEGAL TERMINOLOGY  
 COMPUTER LANGUAGES (Specify) \_\_\_\_\_       OTHER \_\_\_\_\_

12. EQUIPMENT – List types of equipment you can operate and specify name or model you have used (e.g. word processor computer, etc.).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. EXPERIENCE:

Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate piece of paper if all questions in the blocks are answered and the same format is followed. This information must be completed even if a resume is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer?  Yes  No

Name & Complete Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full-time:  Part-time:

Highest Salary \$ \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer, Average hours per week \_\_\_\_\_

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Complete Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full-time:  Part-time:

Highest Salary \$ \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer, Average hours per week \_\_\_\_\_

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Complete Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Highest Salary \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_

Volunteer, Average hours per week \_\_\_\_\_

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Complete Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Highest Salary \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_

Volunteer, Average hours per week \_\_\_\_\_

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name & Complete Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Highest Salary \$ \_\_\_\_\_

Phone Number: \_\_\_\_\_

Volunteer, Average hours per week \_\_\_\_\_

Describe your duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

14. CONTINUATION/EXPLANATIONS (refer to item # being continued or explained)

Item #

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15. I hereby certify that all information on this is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

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16. EMPLOYMENT REFERENCES

NAME	ADDRESS	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

17. VETERAN STATUS

- |   |  |
|---|--|
| <input type="checkbox"/> Disabled Vietnam Era Veteran               | <input type="checkbox"/> Vietnam Era Veteran               |
| <input type="checkbox"/> Disabled Veteran of other Campaign/War Era | <input type="checkbox"/> Veteran of other Campaign/War Era |
| <input type="checkbox"/> Other Disabled Veteran                     | <input type="checkbox"/> Veteran of the Persian Gulf War   |
| <input type="checkbox"/> Other Veteran                              |  |

## APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires employers to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed. “This is also a requirement of the Montana Human Rights Act”. The following survey helps to fulfill these requirements. This application survey will be separated from your application. The survey information will be kept confidential, used only for statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Name \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Job applied for: Job Title \_\_\_\_\_

Location \_\_\_\_\_

How did you first learn of this position?

\_\_\_\_ Newspaper ad or Journal ad

\_\_\_\_ Community Organization

\_\_\_\_ Friend

\_\_\_\_ Job Service

\_\_\_\_ Female, minority, or disabled referral organization

\_\_\_\_ Other (Specify)

\_\_\_\_ MALE    \_\_\_\_ FEMALE    DATE OF BIRTH (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

## RACE/ETHNICITY

\_\_\_\_ WHITE (Not of Hispanic origin)

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_ BLACK (Not of Hispanic origin)

A person having origins in one of the black racial groups of Africa.

\_\_\_\_ SPANISH (Hispanic)

A person having origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures.

\_\_\_\_ ASIAN OR PACIFIC ISLANDER

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines and Samoa.

\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE

A person having origins in any of the original peoples of North America who maintains cultural identifications through tribal affiliation or community recognition.

## VETERAN OR HANDICAPPED STATUS

1. HANDICAPPED: \_\_\_\_ YES    \_\_\_\_ NO

If “yes” check any major  
disability you have:

\_\_\_\_ Hearing impairment

\_\_\_\_ Visual impairment

\_\_\_\_ Mobility impairment

\_\_\_\_ Mental impairment

\_\_\_\_ Other

\_\_\_\_ Multiple impairment

2. Check the one item that best describes your veteran status:

\_\_\_\_ Disabled Vietnam Era Veteran

\_\_\_\_ Vietnam Era Veteran

\_\_\_\_ Disabled Veteran of other Campaign/War Era

\_\_\_\_ Veteran of other Campaign/War Era

\_\_\_\_ Other Disabled Veteran

\_\_\_\_ Veteran of the Persian Gulf War

\_\_\_\_ Other Veteran

3. Check the item that best describes your status as a preference relative:

\_\_\_\_ Spouse of a disabled veteran

\_\_\_\_ Un-remarried surviving spouse of a veteran or disabled veteran

\_\_\_\_ Mother of a veteran

\_\_\_\_ Spouse of totally (100%) disabled person

4. Do you have certification from the Dept. of Social & Rehabilitation Services for Handicapped Persons' Employment Preference? \_\_\_\_ YES    \_\_\_\_ NO

**AUTHORIZATION TO RELEASE INFORMATION**  
**For**  
**SHERIDAN COUNTY**

As an applicant for a position with Sheridan County, I have been asked to furnish information for use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, attendance of the last year worked, education, military and police records to obtain all information which may be pertinent to my employment qualifications and experience for your company. This includes, but is not limited to, all information contained in my employment records.

The release in any manner of any and all information by you is authorized and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for six months from the date of my signature below.

You may retain this copy of my release for your files. Thank you for your assistance.

Name (typed or printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_